

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 43793  
10062

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 818		Registrar's No. 10062	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>			
c. LENGTH OF STAY (in this place) _____				d. STREET ADDRESS (If rural, give location) <b>7546 York Drive</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>MAURICE</b>		b. (Middle) <b>J.</b>		c. (Last) <b>SCALLET</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Unknown</b>	
9. AGE (In years last birthday) <b>Abt. 89</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Joseph Scallet</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Flora Scallet</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. M. J. Scallet-7546 York Dr.</b>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Diabetes Mellitus</b> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>years</b> <b>4 years</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>2nd X</b>			
22. I hereby certify that I attended the deceased from <b>Febr 12, 1940</b> , to <b>Nov. 24, 1950</b> , that I last saw the deceased alive on <b>Nov. 24, 1950</b> , and that death occurred at <b>4:25 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Joe M. Orenstein, M.D.</b> (Degree or title) <b>U</b>				23b. ADDRESS <b>4500 Olive St.</b>		23c. DATE SIGNED <b>11/25/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/26/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth Cem.</b>		24d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b> (State) _____	
DATE REC'D BY LOCAL REG. <b>NOV 27 1950</b>		REGISTRAR'S SIGNATURE <b>J. P. L...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. H. ...</b>		ADDRESS <b>15-16 Delmar</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*John Ketter*  
Licensed Embalmer No. 3880

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.